## PART B - FEE(S) TRANSMITTAL

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indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new or maintenance fee notifications.  CURRENT CORRESTONDENCE ADDRESS (Note: Use Block 1 for any thruge of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
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HASSE & NESBITT LLC 8837 CHAPEL SQUARE DRIVE SUITE C				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE 1ETJ address above, or being facsimile transmitted to the USJTO (571) 273-2885, on the date indicated below.				
CINCINNATI, OH	45249						(Depositor's name)	
							(Signature)	
			L				(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.			
10/519,527 01/26/2006		Richard Authony Lang			CHM-006 2552			
TITLE OF INVENTION: IN	VIVO ANGIOGENE	SIS ASSAY						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	EFEE	TOTAL PEE(S) DUE	DATE DUE	
nonprovisional	YES	\$720	\$300	\$0		\$1020	01/02/2009	
EXAMINE	R	ART UNIT	CLASS-SUBCLASS					
DAVIS, RU	TI A	1651	435-004000					
Change of correspondence address or indication of "Tee Address" (37 CFR 1.363)   Change of correspondence address or Change of Correspondence Address from PTO/SB/12) attached.   Tee Address' indication for Tee Address' Indication form PTO/SB/12, New O.3-Q2 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be	re reinting on the patent front page, list the names of up of a registered potent attorneys agents OR, afternatively, the name of a upper from the value of a significant patent storered attorney or agent and the names of up to egistered patent afterneys or agents. If no name is od, no name will be printed.				
3. ASSIGNEE NAME AND					to 14.			
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(A) NAME OF ASSIGNT	Œ		(B) RESIDENCE; (CITY	and STATE OR C	OUNTR	(Y)		
Children's Ho	spital Medical C	enter	Cincinna	ti, OH				
Please check the appropriate	ussignce category or c	ategories (will not be pr	inted on the patent): 🚨	Individual MC	orporatio	a or other private grou	apentity Government	
4a. The following fee(s) are s  ☑ Issue Fee  ☑ Publication Fee (No sr  ☐ Advance Order - # of	nall entity discount per	mitted)	Payment of Fee(s): (Plea A check is enclosed Payment by credit can The Director is ficreby overpayment, to Depos	d. authorized to char	ve the re	quired fee(s), any def		
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■ a. Applicant claims SN NOTE: The Issue Fee and Pu interest as shown by the reco			b. Applicant is no long from anyone other than it					
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Authorized Signature	1000	4		Date De		, <u>L</u>		

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